

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/423274

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6		5		1			56						
7		5		1			57						
8		5		1			58						
9		5		1			59						
10		5		1			60						
11		①		1			61						
12		①		1			62						
13		①		1			63						
14	1			1			64						
15		1		1			65						
16		1		1			66						
17							67						
18							68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	14	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			16				TOTAL CLAIMS						